User Guide 使用說明

目　　次

一、臨床問題	P.1
二、主畫面說明	P.2
三、New Search	P.3
四、Table of Content	P.5
五、全文資料顯示	P.6
六、檢索結果輸出	P.7
七、Lexi-Comp 藥物交互作用	P.8
八、Evidence Grading　證據等級	P.10

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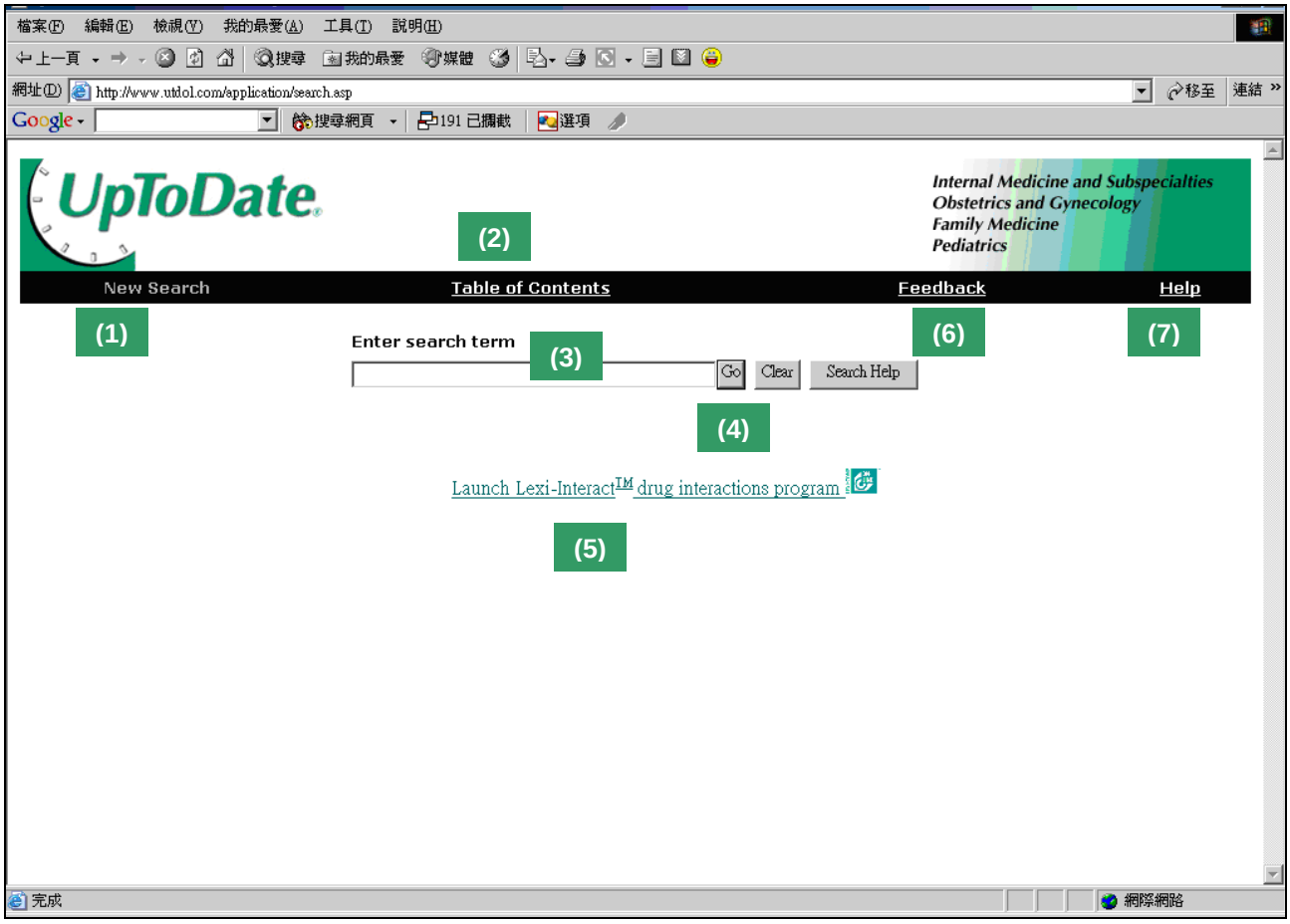
一、 以臨床問題為例說明：

A 60-year-old man comes in for a routine exam and mentions that two months earlier he lost vision in his right eye for 10 minutes. Send him for carotid duplex and find a 60 percent right carotid stenosis. Given that the TIA occurred more than two months ago, is he an appropriate candidate for carotid endarterectomy？

有一個 60 歲的伯伯，做例行性的檢查，他提到在二個月之前，他的右眼有 10 分鐘的時間看不到。先做顱內外頸動脈超音波(carotid duplex)，發現有 60%的右邊頸動脈狹窄(carotid stenosis)。確定二個月之前發生了俗稱的小中風(TIA)，那他適合做頸動脈內膜切除手術(carotid endarterectomy)嗎?

二、 主畫面說明：



（圖一）

◎以下之說明對應於（圖一）所標示之號碼

(1) New Search：關鍵字檢索，進入主畫面即為『New Search』的檢索畫面
(2) Table of Contents：瀏覽標題
(3) Enter search term：指令欄，輸入單一醫學標題/詞彙
(4) Go：執行檢索
(5) Launch Lexi-Interact drug interactions program：Lexi-Comp 藥物交互作用模組
(6) Feedback：將您寶貴的意見 email 給 UpToDate
(7) Help：線上求助

◎ UpToDate 只提供一種檢索方式：
New search：關鍵字檢索

三、 New Search：關鍵字檢索

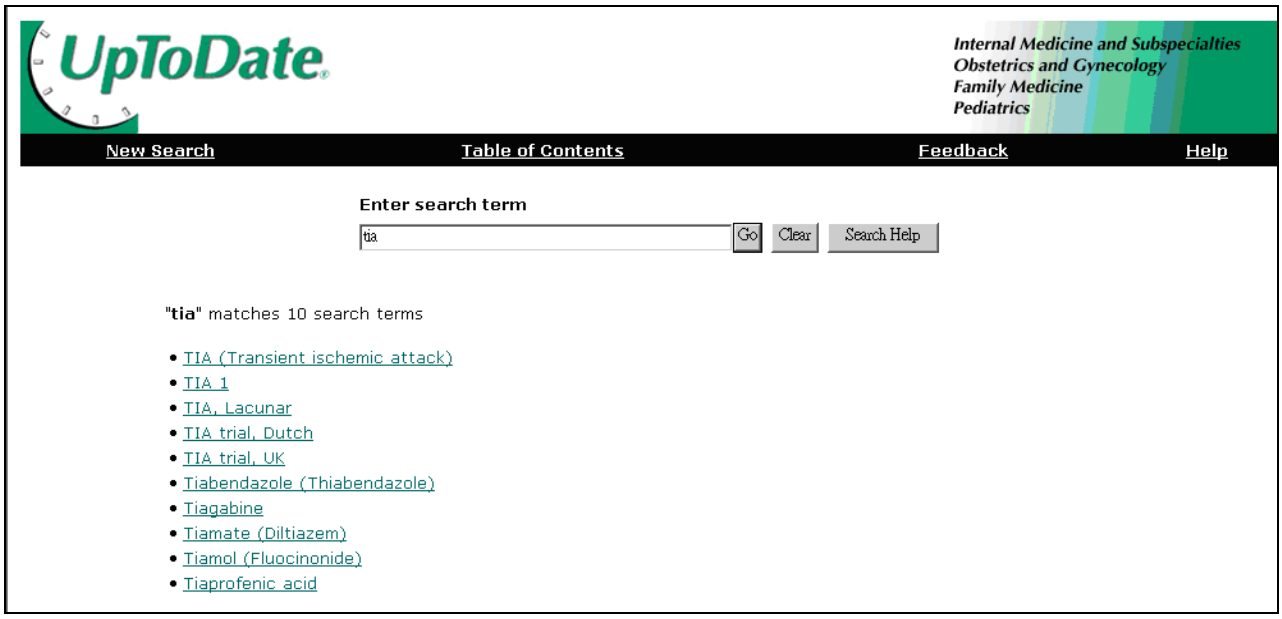
(1) Enter search term：輸入關鍵字

a. 在『Enter search term』輸入關鍵字，會先列出相關的醫學標題/詞彙供其選擇，再點選符合的醫學詞彙。
例如：輸入『TIA』，會出現『TIA (Transient ischemic attack)』，如（圖二）所示。

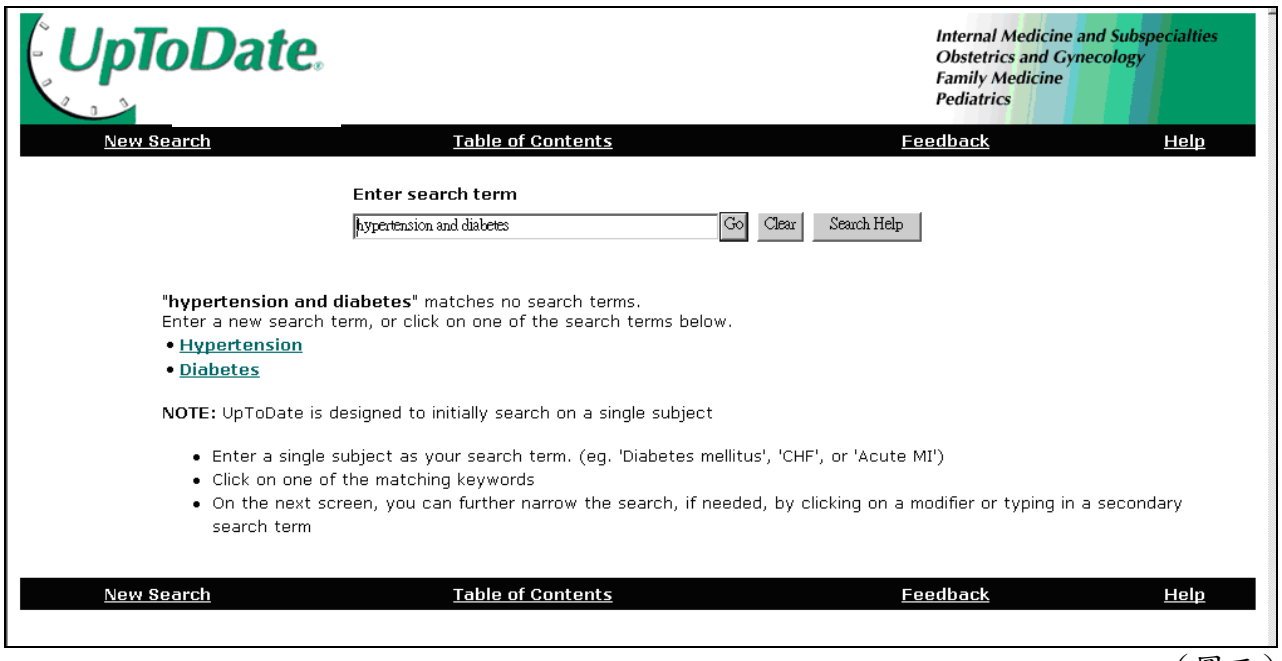
b. 在『Enter search term』輸入醫學標題/詞彙的前二個到前三個字母，系統會自動對應到以相同字母為首的詞彙。
例如：輸入『TIA』，會出現以『tia』開頭的醫學詞彙，如（圖二）所示。

註：

1. 布林邏輯：系統不接受，若使用布林邏輯語法，如 and、or、not，系統會自動將醫學標題/詞彙分隔為二，如（圖三）所示。
2. 切截語法：系統不使用切截，只需鍵入字首二到三個字母，系統會自動對應出字首相同的主題。



（圖二）



（圖三）

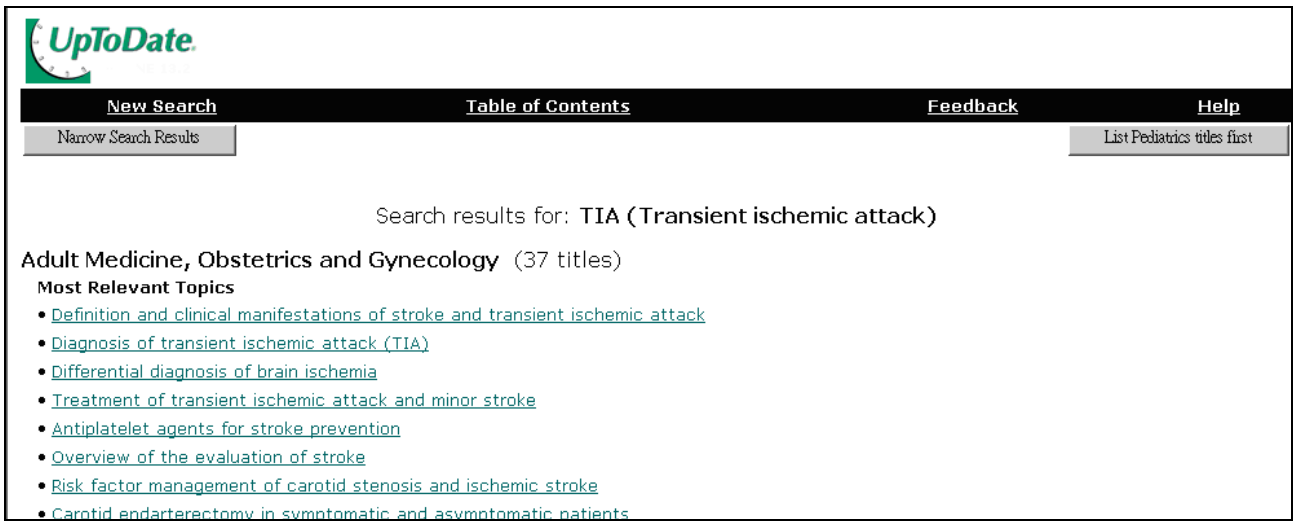
(2) Narrow Search Results：限制檢索

a. 點選所要的醫學標題/詞彙之後，直接進入 Topic Review 文獻的清單，如（圖四）所示。

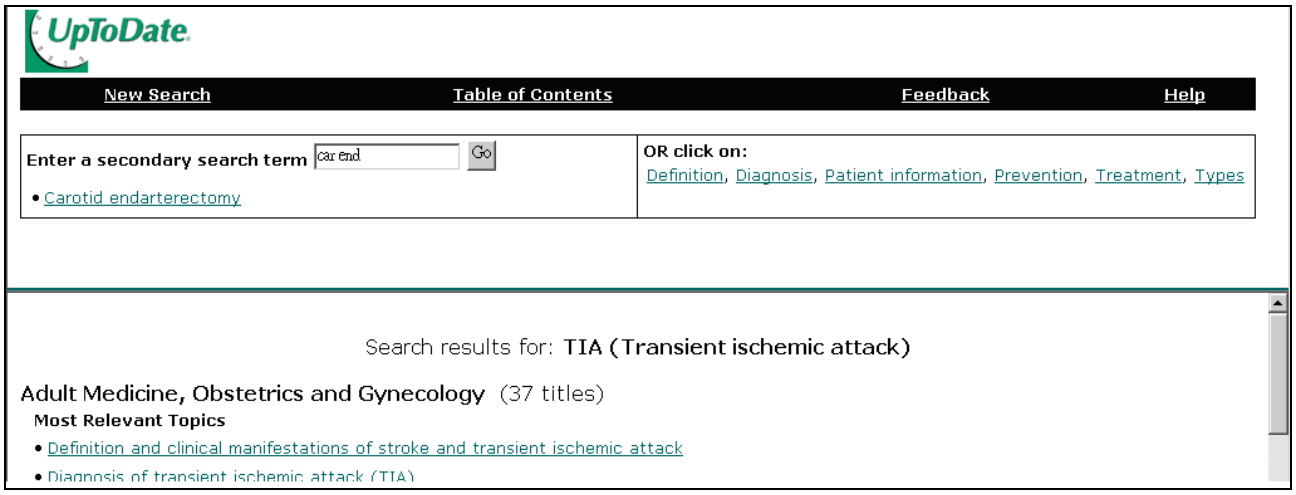
b. 文獻呈現的方式：

- ◆ 科別：區分 Adult Medicine titles list 和 Pediatric Medicine titles list，可利用「List Pediatrics titles First」做切換。
- ◆ 相關性：Topic Review 呈現的順序以和關鍵字相關性由高排到低。

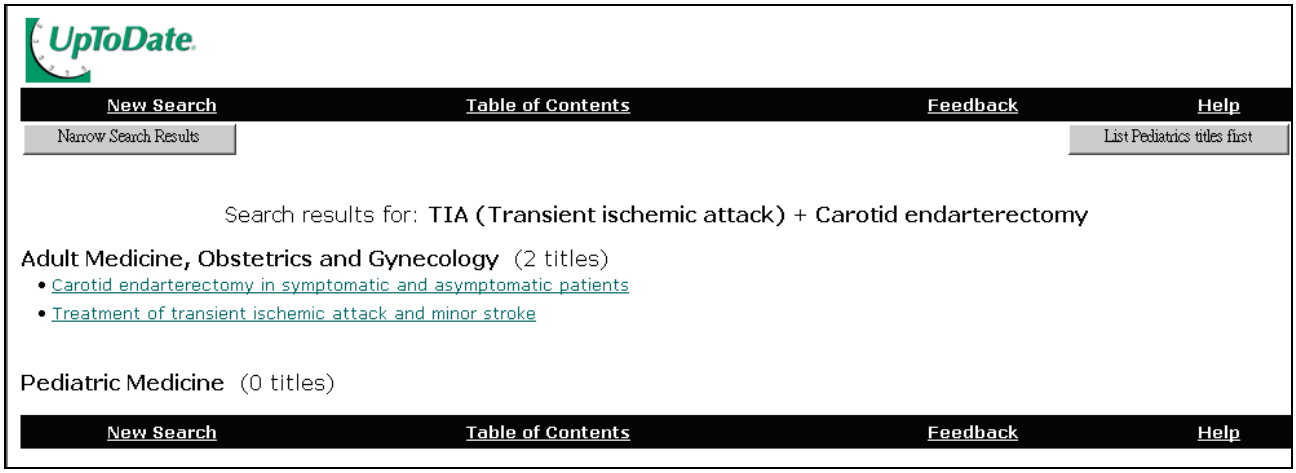
c. Narrow Search Results：精緻檢索結果，可輸入欲再檢索的醫學標題，或直接點選右邊符合的標題，如（圖五）所示，檢索結果如（圖六）所示。


UpToDate
New Search
Table of Contents
Feedback
Help
Narrow Search Results
List Pediatrics titles first
Search results for: TIA (Transient ischemic attack)
Adult Medicine, Obstetrics and Gynecology (37 titles)
Most Relevant Topics
• Definition and clinical manifestations of stroke and transient ischemic attack
• Diagnosis of transient ischemic attack (TIA)
• Differential diagnosis of brain ischemia
• Treatment of transient ischemic attack and minor stroke
• Antiplatelet agents for stroke prevention
• Overview of the evaluation of stroke
• Risk factor management of carotid stenosis and ischemic stroke
• Carotid endarterectomy in symptomatic and asymptomatic patients

（圖四）


UpToDate
New Search
Table of Contents
Feedback
Help
Enter a secondary search term
car end
Go
• Carotid endarterectomy
OR click on:
Definition, Diagnosis, Patient information, Prevention, Treatment, Types
Search results for: TIA (Transient ischemic attack)
Adult Medicine, Obstetrics and Gynecology (37 titles)
Most Relevant Topics
• Definition and clinical manifestations of stroke and transient ischemic attack
• Diagnosis of transient ischemic attack (TIA)

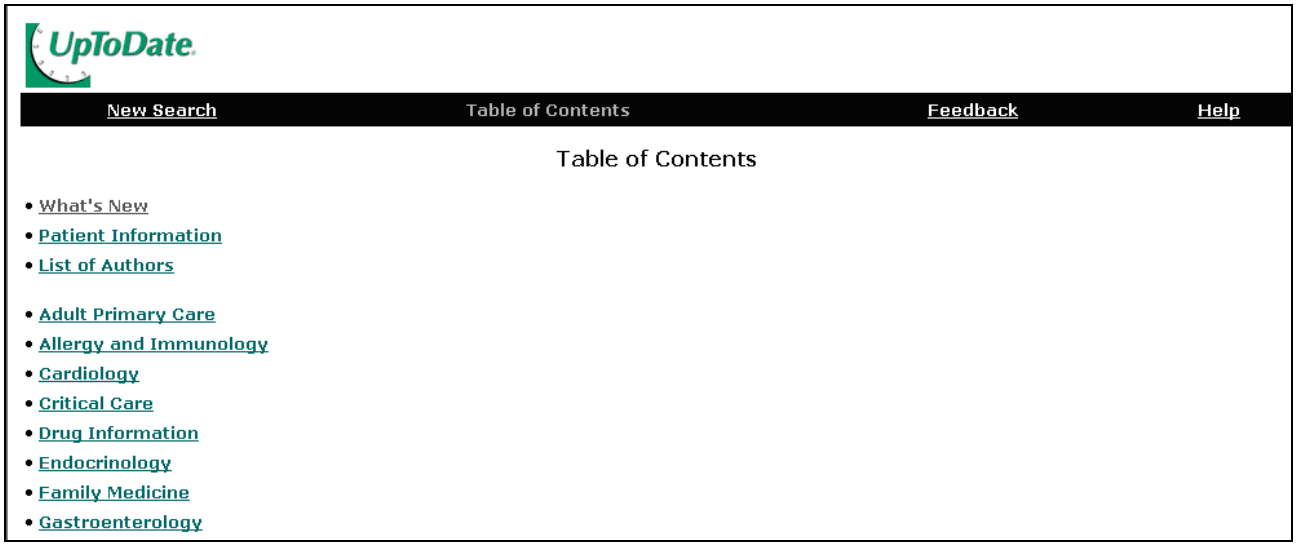
（圖五）



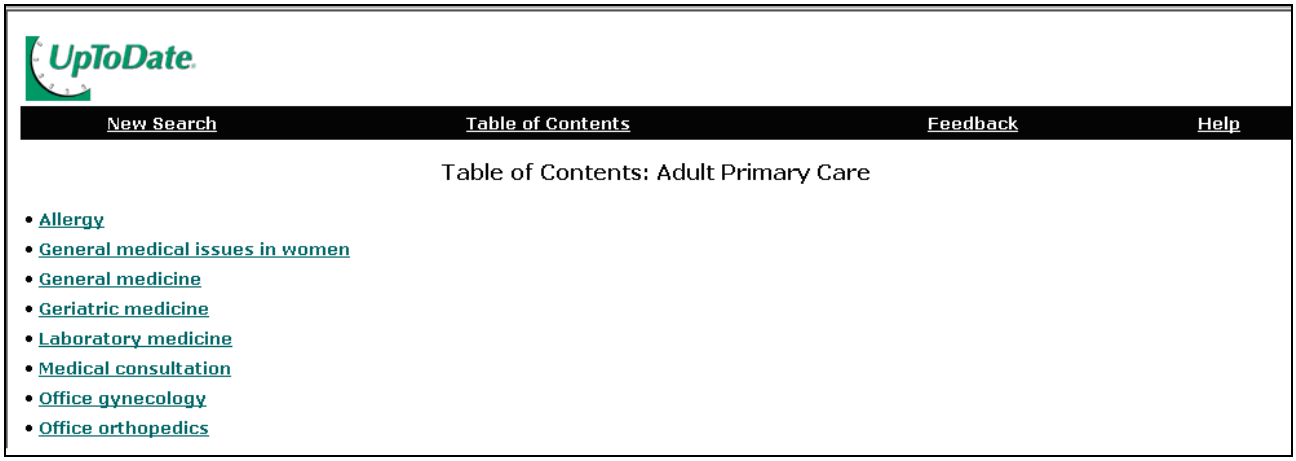
（圖六）

四、 Table of Contenst：瀏覽功能

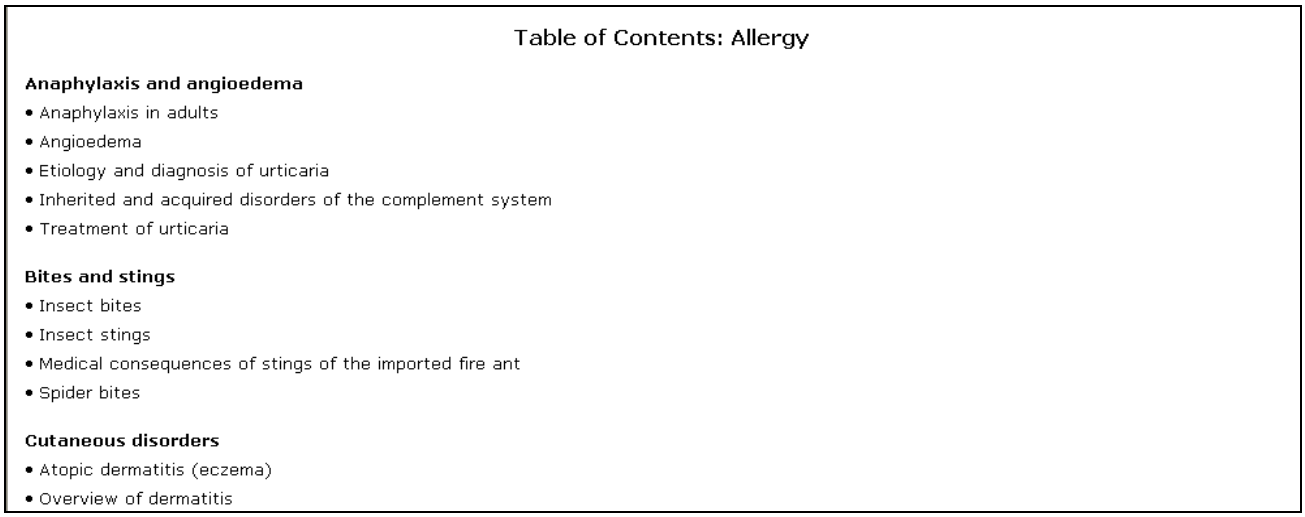
(1) What's New：新版更新後，每一專科最新醫學訊息報告。
(2) Patient Information：衛教資料。
(3) List of Authors：作者清單。
(4) Table of Contents：分科列出，瀏覽每一專科細目分類。如（圖七）、（圖八）、（圖九）所示。



（圖七）



（圖八）



（圖九）

五、 Topic Review：全文資料，如（圖十）、（圖十一）所示。

(1) 目次：於畫面左方，利用目次先尋找關鍵字，即檢索結果，再利用超連結直接閱讀。

(2) 本文：

a.作者：提供作者目前服務的機構資訊

b.更新時間：列出被更新的時間，以及預告下次即將被更新的時間

(3) 參考書目：

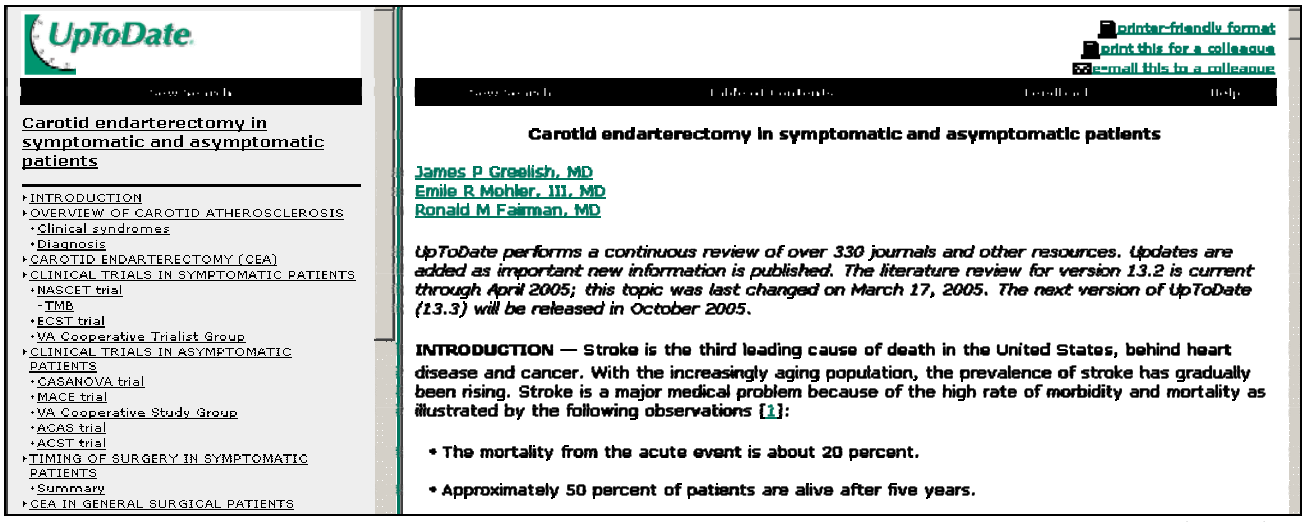
a.本文中有參考書目之序號，點選序號，會另開視窗，顯示出參考書目的書目資料，即帶出 MEDLINE Abstracts。

b.參考書目清單列於本文末處，序號亦會帶出 MEDLINE Abstracts。

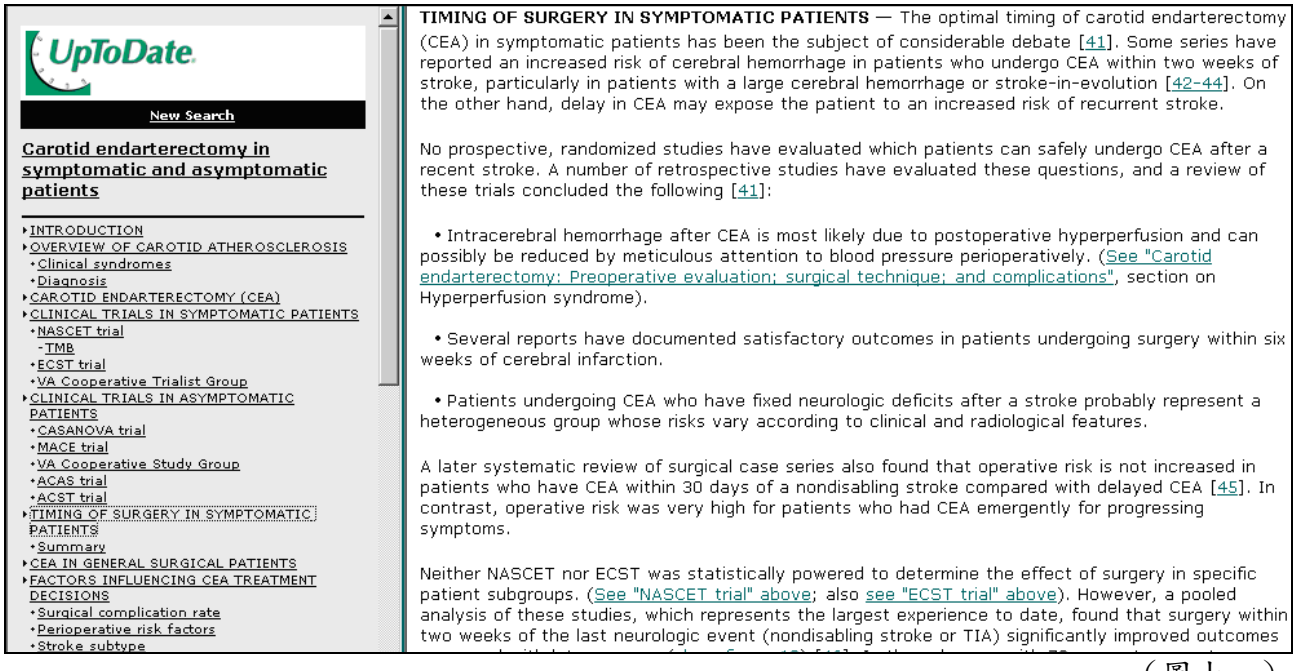
(4) 藥物資訊：藥物品名，若有超連結選擇，為另開一視窗，帶出 Lexi-comp 藥學資訊，會對這藥品做一詳細的介紹。

(5) 圖表：另開一視窗，顯示其圖表。亦有照片、X 光片等。

(6) Related Topic：Topic review 中引用至 UpToDate 的 Topic Review，可直接點選至該篇 Topic review。



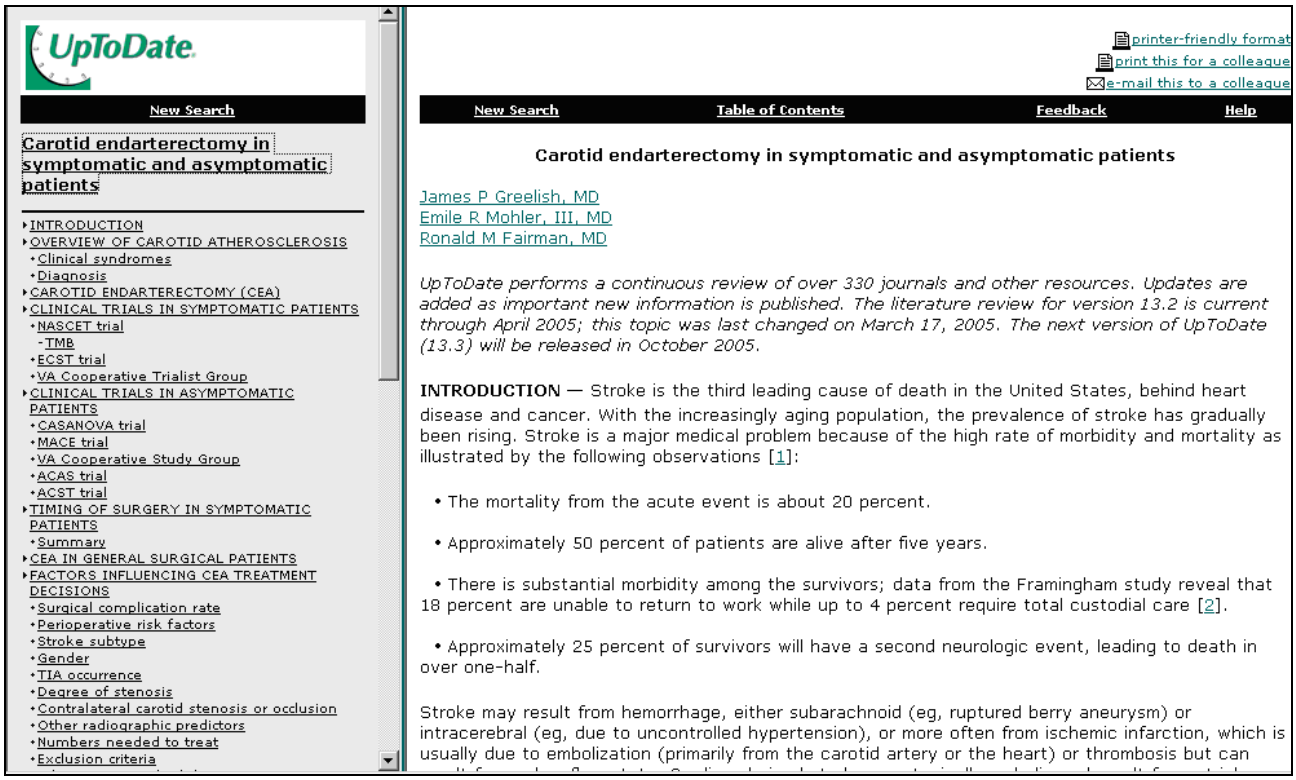
（圖十）



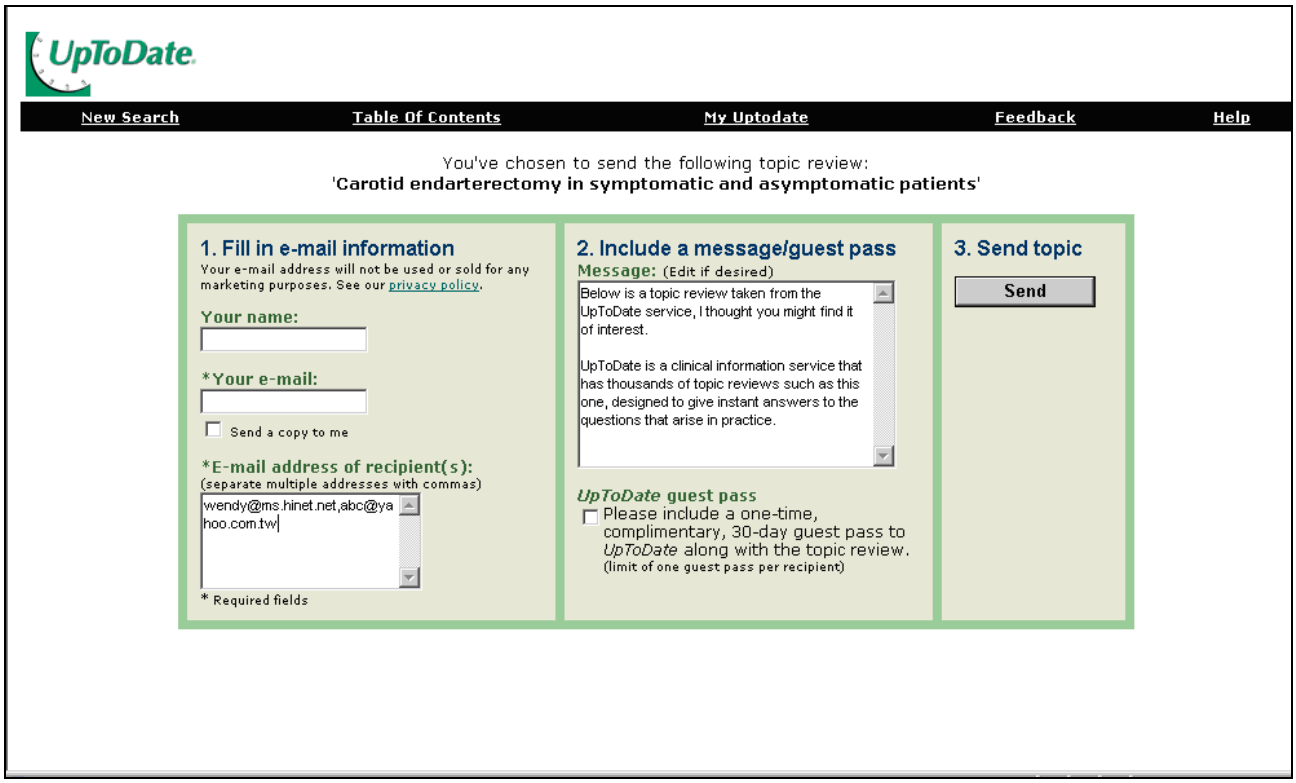
（圖十一）

六、 檢索結果輸出：如（圖十二）、（圖十三）所示。

(1) printer-friendly format：調整 Topic review 呈現畫面，再執行印表機功能。
(2) print this for a colleague：調整 Topic review 呈現畫面，再執行印表機功能。
(3) e-mail this to a colleagus：email Topic review，包含圖表、參考書目，不包含藥物資訊和 Related Topic。


UpToDate
New Search
Carotid endarterectomy in symptomatic and asymptomatic patients
INTRODUCTION
OVERVIEW OF CAROTID ATHEROSCLEROSIS
Clinical syndromes
Diagnosis
CAROTID ENDARTERECTOMY (CEA)
CLINICAL TRIALS IN SYMPTOMATIC PATIENTS
NASCET trial
TMB
ECST trial
VA Cooperative Trialist Group
CLINICAL TRIALS IN ASYMPTOMATIC PATIENTS
CASANOVA trial
MACE trial
VA Cooperative Study Group
ACAS trial
ACST trial
TIMING OF SURGERY IN SYMPTOMATIC PATIENTS
Summary
CEA IN GENERAL SURGICAL PATIENTS
FACTORS INFLUENCING CEA TREATMENT DECISIONS
Surgical complication rate
Perioperative risk factors
Stroke subtype
Gender
TIA occurrence
Degree of stenosis
Contralateral carotid stenosis or occlusion
Other radiographic predictors
Numbers needed to treat
Exclusion criteria
printer-friendly format
print this for a colleague
e-mail this to a colleague
New Search
Table of Contents
Feedback
Help
Carotid endarterectomy in symptomatic and asymptomatic patients
James P Greelish, MD
Emile R Mohler, III, MD
Ronald M Fairman, MD
UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 13.2 is current through April 2005; this topic was last changed on March 17, 2005. The next version of UpToDate (13.3) will be released in October 2005.
INTRODUCTION — Stroke is the third leading cause of death in the United States, behind heart disease and cancer. With the increasingly aging population, the prevalence of stroke has gradually been rising. Stroke is a major medical problem because of the high rate of morbidity and mortality as illustrated by the following observations [1]:
• The mortality from the acute event is about 20 percent.
• Approximately 50 percent of patients are alive after five years.
• There is substantial morbidity among the survivors; data from the Framingham study reveal that 18 percent are unable to return to work while up to 4 percent require total custodial care [2].
• Approximately 25 percent of survivors will have a second neurologic event, leading to death in over one-half.
Stroke may result from hemorrhage, either subarachnoid (eg, ruptured berry aneurysm) or intracerebral (eg, due to uncontrolled hypertension), or more often from ischemic infarction, which is usually due to embolization (primarily from the carotid artery or the heart) or thrombosis but can

（圖十二）

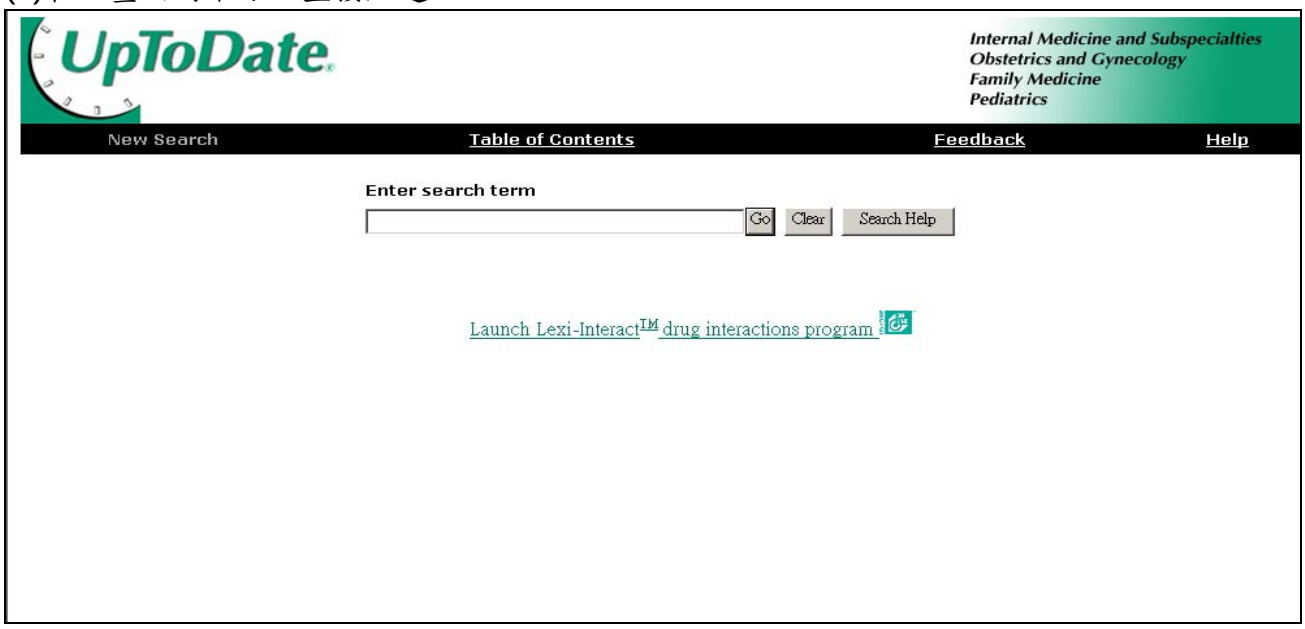

UpToDate
New Search
Table Of Contents
My Uptodate
Feedback
Help
You've chosen to send the following topic review:
'Carotid endarterectomy in symptomatic and asymptomatic patients'
1. Fill in e-mail information
Your e-mail address will not be used or sold for any marketing purposes. See our privacy policy.
Your name:
*Your e-mail:
Send a copy to me
*E-mail address of recipient(s):
(separate multiple addresses with commas)
wendy@ms.hinet.net,abc@yahoo.com.tw
* Required fields
2. Include a message/guest pass
Message: (Edit if desired)
Below is a topic review taken from the UpToDate service, I thought you might find it of interest.
UpToDate is a clinical information service that has thousands of topic reviews such as this one, designed to give instant answers to the questions that arise in practice.
UpToDate guest pass
Please include a one-time, complimentary, 30-day guest pass to UpToDate along with the topic review.
(limit of one guest pass per recipient)
3. Send topic
Send

（圖十三）

七、 Lexi-Interact drug interactions program：藥物交互作用

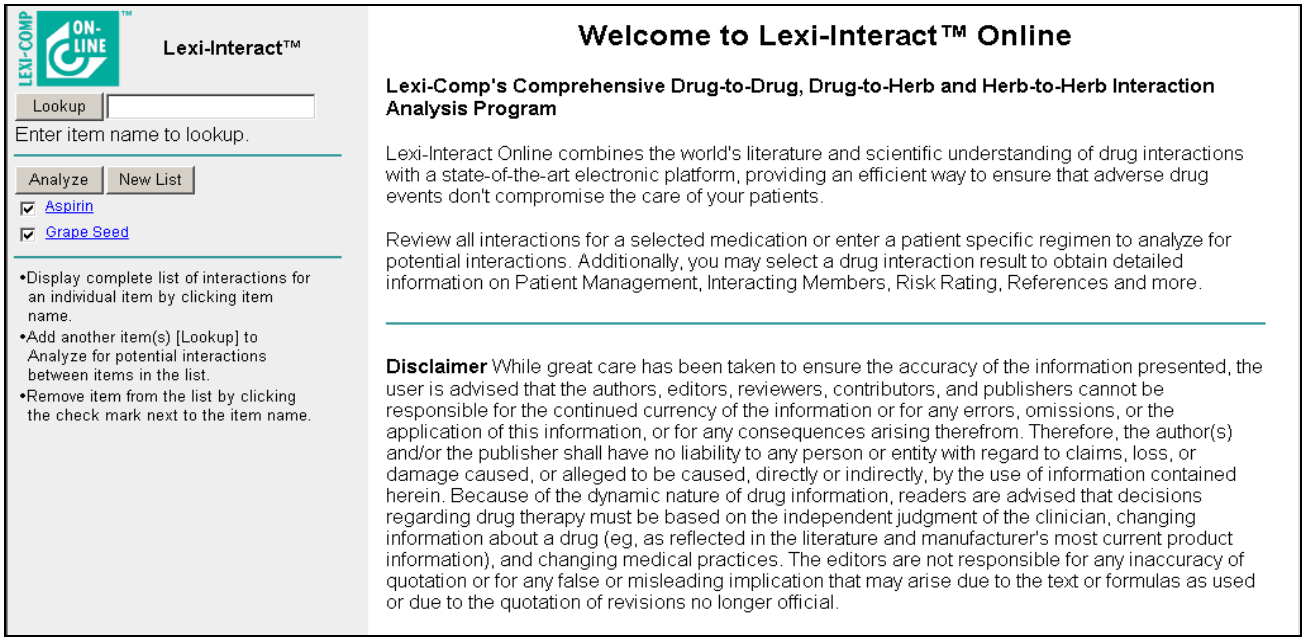
可以輸入二種以上的藥品，包含 drug-to-drug、herb-to-herb、drug-to-herb，並產生交互作用的結果，並標示等級。

(1)在主畫面的下方，直接點選：



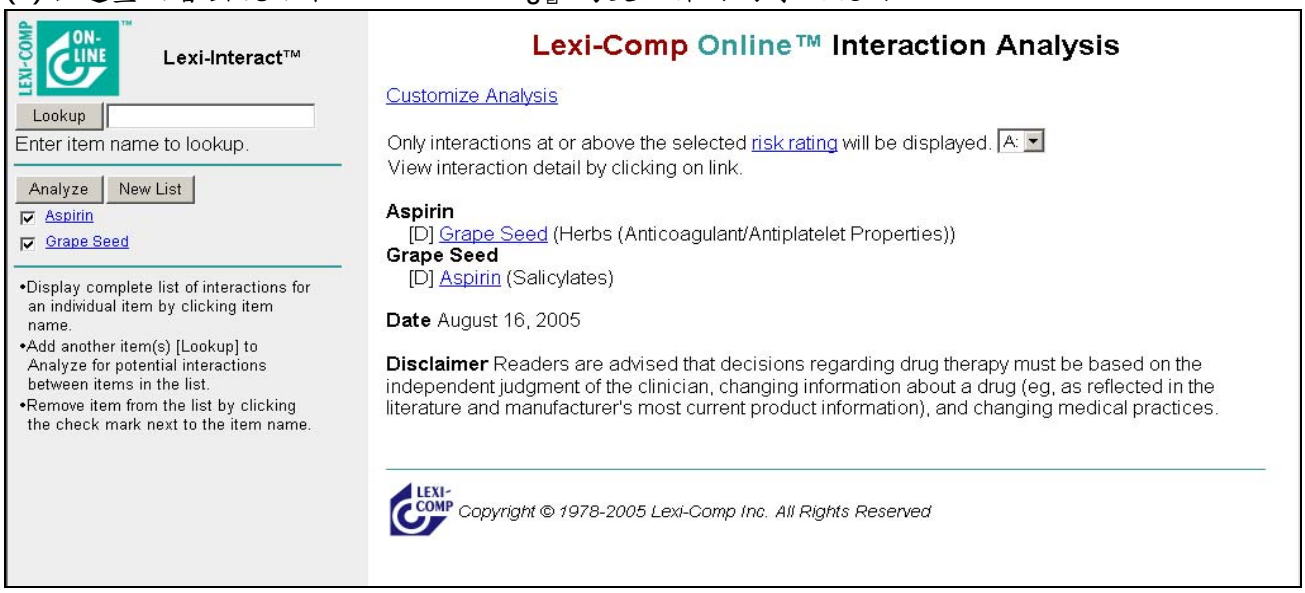
（圖十四）

(2)輸入二種欲查詢之藥品，執行「Analyze」：


LEXI-COMP
ON-LINE
Lexi-Interact™
Lookup
Enter item name to lookup.
Analyze
New List
Aspirin
Grape Seed
•Display complete list of interactions for an individual item by clicking item name.
•Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.
•Remove item from the list by clicking the check mark next to the item name.
Welcome to Lexi-Interact™ Online
Lexi-Comp's Comprehensive Drug-to-Drug, Drug-to-Herb and Herb-to-Herb Interaction Analysis Program
Lexi-Interact Online combines the world's literature and scientific understanding of drug interactions with a state-of-the-art electronic platform, providing an efficient way to ensure that adverse drug events don't compromise the care of your patients.
Review all interactions for a selected medication or enter a patient specific regimen to analyze for potential interactions. Additionally, you may select a drug interaction result to obtain detailed information on Patient Management, Interacting Members, Risk Rating, References and more.
Disclaimer While great care has been taken to ensure the accuracy of the information presented, the user is advised that the authors, editors, reviewers, contributors, and publishers cannot be responsible for the continued currency of the information or for any errors, omissions, or the application of this information, or for any consequences arising therefrom. Therefore, the author(s) and/or the publisher shall have no liability to any person or entity with regard to claims, loss, or damage caused, or alleged to be caused, directly or indirectly, by the use of information contained herein. Because of the dynamic nature of drug information, readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices. The editors are not responsible for any inaccuracy of quotation or for any false or misleading implication that may arise due to the text or formulas as used or due to the quotation of revisions no longer official.

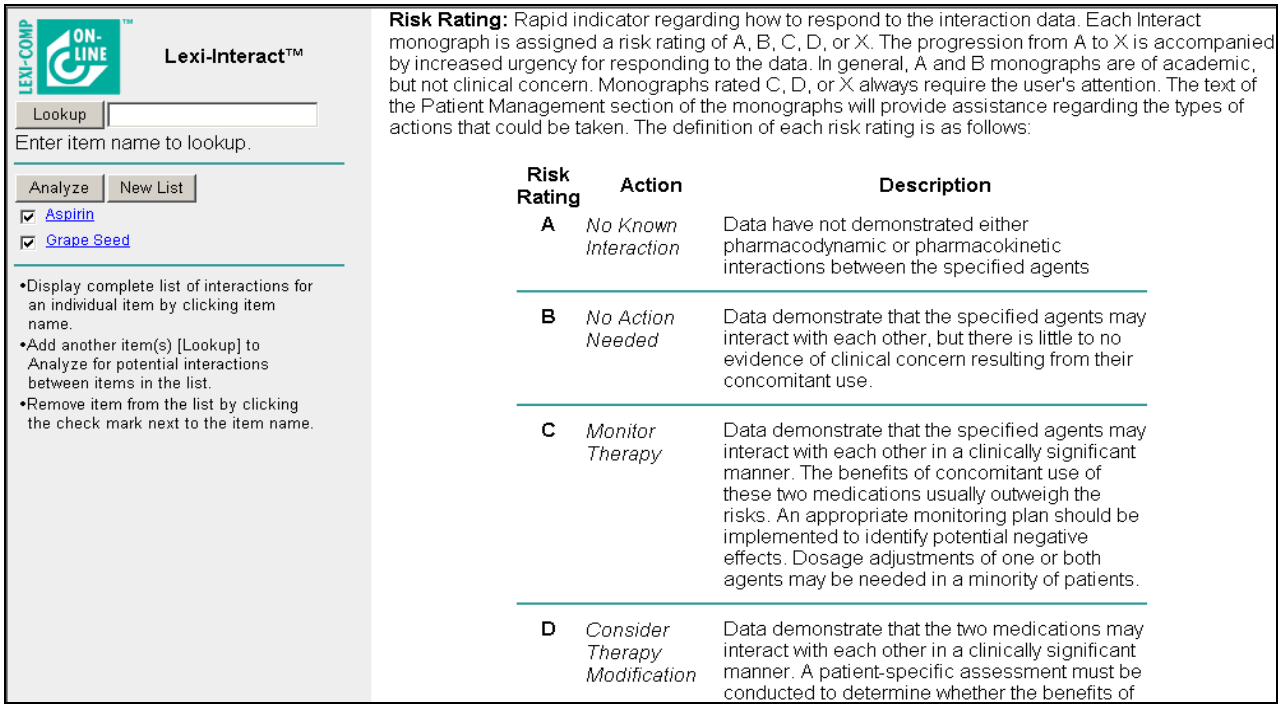
（圖十五）

(3)右邊畫面會出現結果，『risk rating』為交互作用的等級說明：



（圖十六）

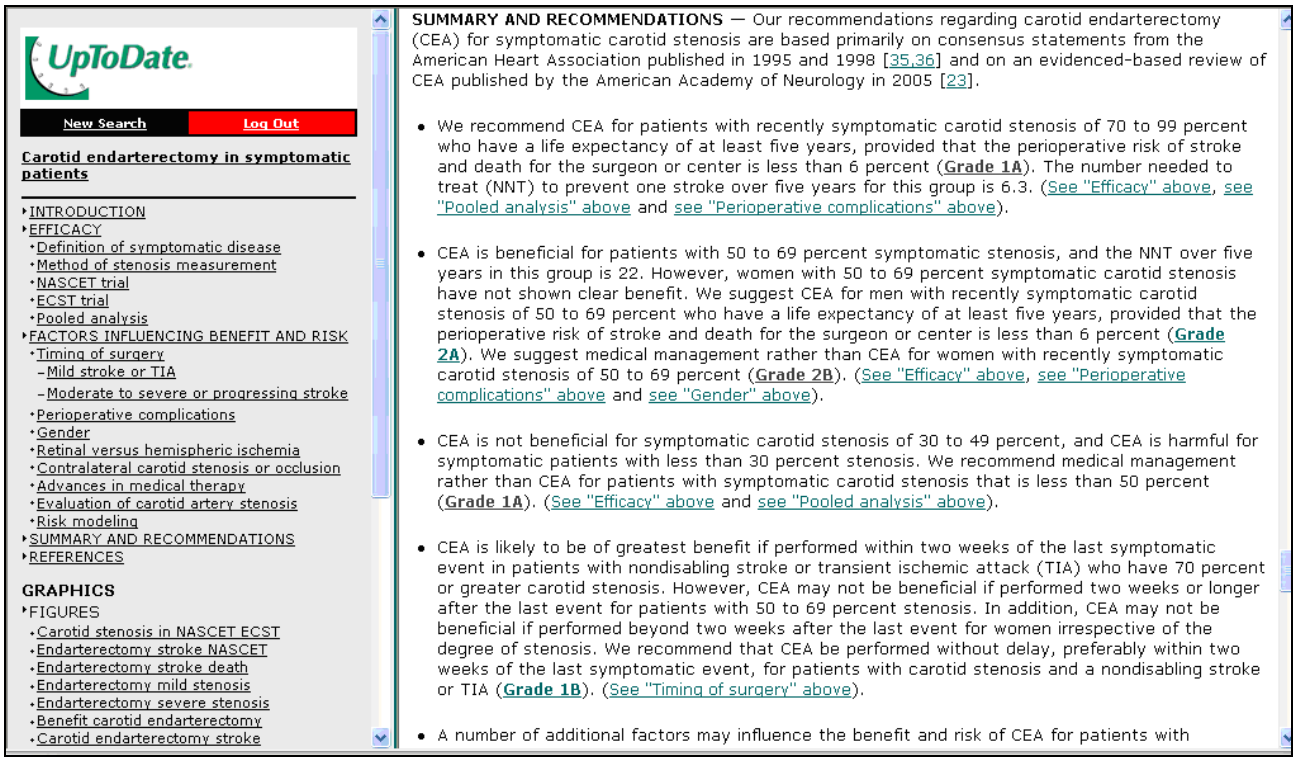
(4)『Risk Rating』說明如下：



（圖十七）

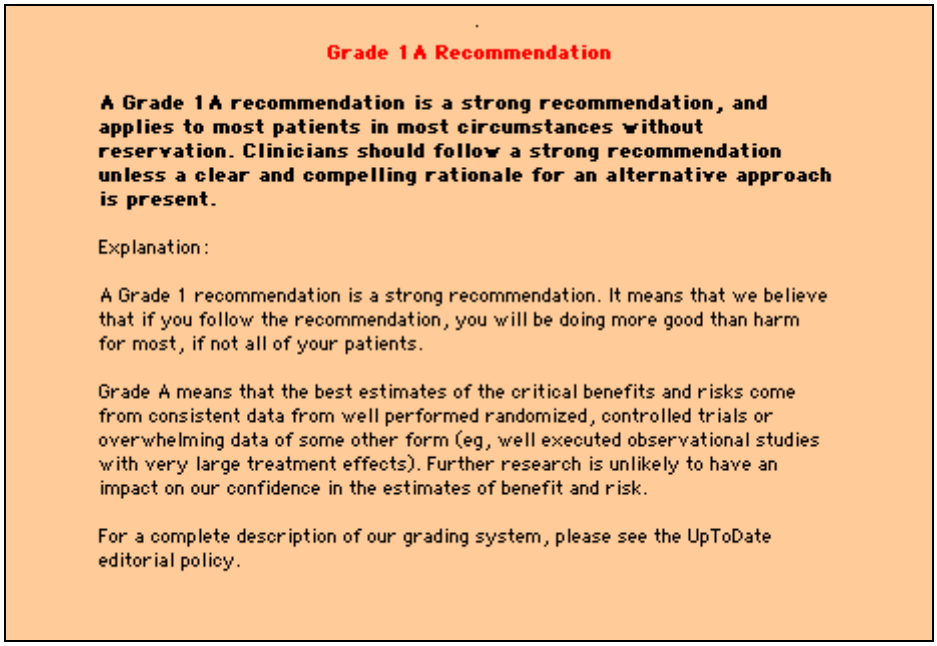
八、 Evidence Grading：證據等級

位於 Topic review 目次中的 Summary and Recommendations：如（圖十八）所示。


UpToDate
New Search
Log Out
Carotid endarterectomy in symptomatic patients
INTRODUCTION
EFFICACY
Definition of symptomatic disease
Method of stenosis measurement
NASCET trial
ECST trial
Pooled analysis
FACTORS INFLUENCING BENEFIT AND RISK
Timing of surgery
Mild stroke or TIA
Moderate to severe or progressing stroke
Perioperative complications
Gender
Retinal versus hemispheric ischemia
Contralateral carotid stenosis or occlusion
Advances in medical therapy
Evaluation of carotid artery stenosis
Risk modeling
SUMMARY AND RECOMMENDATIONS
REFERENCES
GRAPHICS
FIGURES
Carotid stenosis in NASCET ECST
Endarterectomy stroke NASCET
Endarterectomy stroke death
Endarterectomy mild stenosis
Endarterectomy severe stenosis
Benefit carotid endarterectomy
Carotid endarterectomy stroke
SUMMARY AND RECOMMENDATIONS — Our recommendations regarding carotid endarterectomy (CEA) for symptomatic carotid stenosis are based primarily on consensus statements from the American Heart Association published in 1995 and 1998 [35,36] and on an evidenced-based review of CEA published by the American Academy of Neurology in 2005 [23].
We recommend CEA for patients with recently symptomatic carotid stenosis of 70 to 99 percent who have a life expectancy of at least five years, provided that the perioperative risk of stroke and death for the surgeon or center is less than 6 percent (Grade 1A). The number needed to treat (NNT) to prevent one stroke over five years for this group is 6.3. (See "Efficacy" above, see "Pooled analysis" above and see "Perioperative complications" above).
CEA is beneficial for patients with 50 to 69 percent symptomatic stenosis, and the NNT over five years in this group is 22. However, women with 50 to 69 percent symptomatic carotid stenosis have not shown clear benefit. We suggest CEA for men with recently symptomatic carotid stenosis of 50 to 69 percent who have a life expectancy of at least five years, provided that the perioperative risk of stroke and death for the surgeon or center is less than 6 percent (Grade 2A). We suggest medical management rather than CEA for women with recently symptomatic carotid stenosis of 50 to 69 percent (Grade 2B). (See "Efficacy" above, see "Perioperative complications" above and see "Gender" above).
CEA is not beneficial for symptomatic carotid stenosis of 30 to 49 percent, and CEA is harmful for symptomatic patients with less than 30 percent stenosis. We recommend medical management rather than CEA for patients with symptomatic carotid stenosis that is less than 50 percent (Grade 1A). (See "Efficacy" above and see "Pooled analysis" above).
CEA is likely to be of greatest benefit if performed within two weeks of the last symptomatic event in patients with nondisabling stroke or transient ischemic attack (TIA) who have 70 percent or greater carotid stenosis. However, CEA may not be beneficial if performed two weeks or longer after the last event for patients with 50 to 69 percent stenosis. In addition, CEA may not be beneficial if performed beyond two weeks after the last event for women irrespective of the degree of stenosis. We recommend that CEA be performed without delay, preferably within two weeks of the last symptomatic event, for patients with carotid stenosis and a nondisabling stroke or TIA (Grade 1B). (See "Timing of surgery" above).
A number of additional factors may influence the benefit and risk of CEA for patients with

（圖十八）

亦可點選 Evidence Grading，如上圖所示之 (Grade 1A) 或 (Grade 2B)，會跳出說明視窗，如（圖十九）所示。


Grade 1A Recommendation
A Grade 1A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.
Explanation:
A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all of your patients.
Grade A means that the best estimates of the critical benefits and risks come from consistent data from well performed randomized, controlled trials or overwhelming data of some other form (eg, well executed observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.
For a complete description of our grading system, please see the UpToDate editorial policy.

（圖十九）

註：目前並未全部都有 Evidence Grading